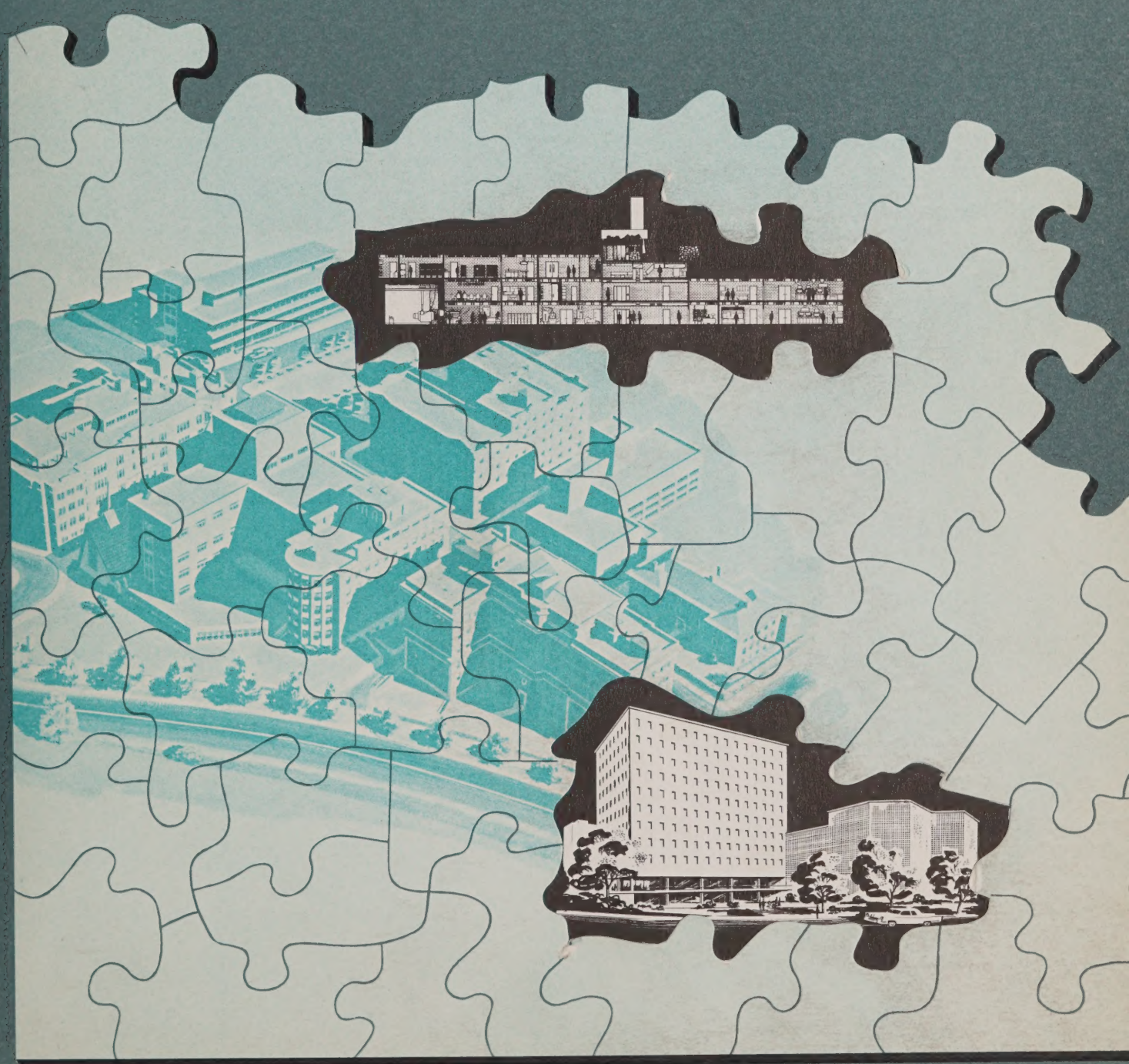
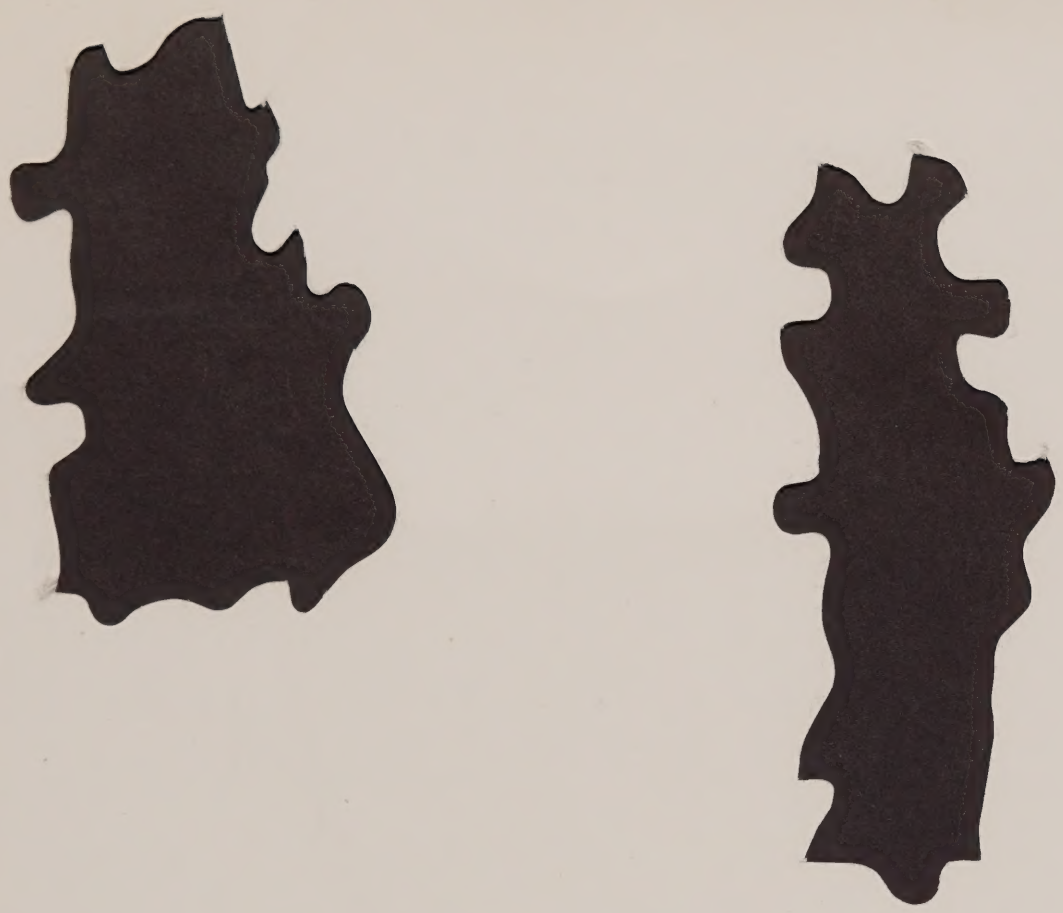
THE NEW ENGLAND DEACONESS HOSPITAL

ANNUAL REPORT · 1961





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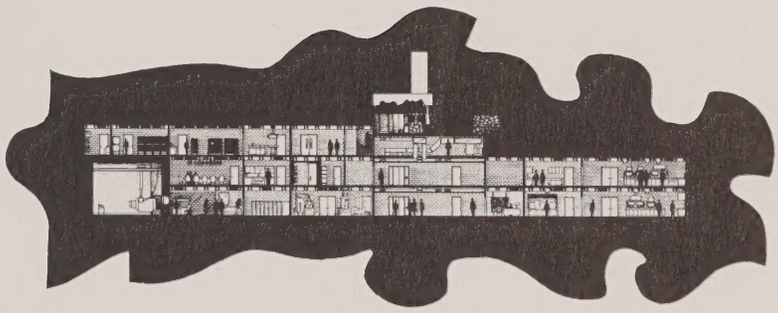


Radiation Research Building

THE NEW ENGLAND DEACONESS HOSPITAL - 1961

Doctors' Office Building

FORM OF DONATION

HENRY S. ROGERSON, *Treasurer*
New England Deaconess Hospital
Deaconess Road, Boston 15, Massachusetts

Enclosed find $..... as my contribution toward relieving the suffering of the poor.

NAME .....

ADDRESS .....

.....

Make all checks payable to the New England Deaconess Hospital Boston 15, Mass.

The motive behind the growth of the Deaconess Hospital has been the instinct and desire to care for those who are not able to care for themselves. The need is greater today than it has ever been. Why not let skilled workers be the servants of your good will?

FORM OF BEQUEST

I give and bequeath the sum of

.....dollars
to the New England Deaconess Hospital, a corporation duly organized under the laws of the Commonwealth of Massachusetts, to be used in such manner as may be considered most expedient by the Board of Trustees.

NAME .....

ADDRESS .....

.....

Date.....

THE PRESIDENT'S REPORT

PUBLIC attention will soon be focused on new facilities of the New England Deaconess Hospital and, indirectly, on our broad purposes and accomplishments. Groundbreaking for the Doctors' Office Building and the Radiation Research Center will become a reality.

As one structure begins to rise above the ground and the other penetrates to subterranean levels, thousands who commute daily past this location will be of inquiring minds. They will seek the what and the why of this new look on the face of Boston. Word will be broadcast explaining the characteristics and uses of the new units. They will become the subject of discussion among physicians and hospital personnel far beyond the city.

All of this is to the advancement of the hospital's reputation, but if this upsurge of interest in new facilities at the Deaconess Hospital is answered only by statistics, a major opportunity will be lost.

Now is the hour for us, as members of this great corporate body, to look anew at our responsibilities and to analyze the opportunity to enhance the role of the Deaconess Hospital in the public mind. As corporate members, we are representatives of the public to the hospital and of the hospital to the public. The obligation of providing the highest quality medical and surgical care at the lowest possible cost is ours. We must apply sound principles of management to the hospital operation, acquire the most modern equipment to keep pace with technological progress and adopt systems of care which minimize costs for patients.

Those of us who know our hospital fully recognize success in these areas of responsibility. I feel, however, that our trust does not end with quality care and efficient management.

A full understanding of the hospital must be communicated to those who know little about it.

Opportunity to reach the public ebbs and rises. It will rise in company with something as basic as new construction — and particularly so considering the type of new units which are bound to incite question and discussion. Our personal thinking, however, and the information we transmit to others must go beyond the concept of two new and distinct buildings; we must integrate them into the whole.

We must speak in terms of the patient, explaining how he ultimately benefits. A Research Building, a Special Care Unit, a Hospital Teaching Unit or a Two-Million-Volt X-Ray Machine is not something apart from other units of the hospital. Each is a component part of the body. Most are vital in the over-all success of the hospital.

A patient may benefit, for example, from laboratory equipment and techniques, X-ray treatments and surgery, and these may be the result of research at the hospital.

Reduction of private nursing costs to the patient through the Special Care Unit and of room and board costs through the Hospital Teaching Unit gives evidence of progress in areas affecting both health and finance.

Every aspect of the hospital has a justifiable bearing on patient costs. Every facility and every piece of equipment is guarantee to the patient that, whatever emergency he may face, the Deaconess Hospital is prepared to respond to the fullest.

Above all, the reputation of the New England Deaconess Hospital is founded on and maintained by the skill, loving kindness and sincere efforts of all those associated with our hospital.

Francis W. Capper

FRANCIS W. CAPPER
President

THE EXECUTIVE DIRECTOR'S REPORT

CHANGES in medicine, economics and patient requirements have advanced the New England Deaconess Hospital to a crossroads, a turning point which demands major decisions in the near future.

Change is inevitable, but its pace and directions are erratic and not always predictable. One year ago our census was low. We were challenged by difficulties arising from a shifting pattern in the patient utilization of medical and surgical facilities. Medicine was controlling more cases which previously would have required surgery, and this was reducing the demand for beds.

While we were pondering these difficulties in the early weeks of the fiscal year 1960-61, change followed a new course. Admissions increased heavily, and we have now ended the fiscal year with an all-time record — 114,607 patient days.

It is noteworthy that the increase was in private and semi-private patient days and a slight decrease occurred in the number of ward days. This is a reflection of the ever-growing number of persons who have hospitalization insurance and of the general health of the country's economy.

Hardly a week goes by without criticism in magazines and newspapers of the high cost of hospitalization. But while the public fails to understand the reasons for hospital costs, that same public is demanding better medical care, newer and better equipped buildings and the most modern methods of care. Patients, moreover, are choosing the higher priced accommodations and paying for them. Daily charges to patients are unavoidably high, but collections this past year were 95 per cent.

Nursing coverage during the past year showed a marked improvement and, for the first time in many years, we did not find it necessary to close patient floors in any of the main buildings during the summer months.

From the financial point of view, this is the most satisfying report in many years. We ended the year with a surplus of $143,415, which represents 1.9 per cent of our total hospital gross income. If our hospital were a commercial enterprise, Trustees and members of the Corporation would have reason to be concerned because of the extremely narrow margin between our income and expense.

However, hospitals do not exist to make money. While we must operate like businesses in most respects, we must endeavor to come as close to the break-even point as possible. Although our cash position has improved, it is still much too low for an operation with gross billings of over five and one-half million dollars.

We are often asked why all business principles cannot be applied to hospitals. The answer is simple, but too often overlooked. If you need a new car, you cannot purchase it unless you have the funds to pay for it. However, a person involved in an accident will get the necessary medical care whether he can pay for it or not. A commercial enterprise has the financial ability to modernize its plant and expand its operations by selling its merchandise only to those who can pay for it. Hospitals must give specialized and costly medical care to all patients admitted, regardless of their ability to pay. Without financial assistance from generous individuals, organizations and governmental agencies, the non-profit hospital and its research programs as we know them would not exist.

Numerous articles have been written in recent years, dealing with the present crises in hospitals. I have before me a copy of an editorial printed in the *Zion's Herald*. It reads as follows: "Because of an unavoidable situation, the New England Deaconess Hospital has been forced to set up a campaign for $1,600,000 in order to care for an indebtedness incurred and for a small but absolutely necessary expansion in its equipment." This article came out on Wednesday, December 9, 1931, which is thirty years ago. Reports to the Corporation sixty years ago speak of similar problems. Crises in hospitals are not

a recent development. In respect to the problems of financing, hospitals have not changed, but, in other respects, hospitals have changed more in recent years than most of us are aware.

Recently, I asked department heads to send me a list of all changes and additions to their departments in the last ten years. The length of the list is surprising. The number of improvements, changes and new facilities is much too long for this report, and I am sure that we have forgotten some important items. The following are a few highlights:

Our Cancer Research Institute was dedicated ten years ago and, since that time, many research projects have been carried on with the assistance of funds received from the Atomic Energy Commission and other sources. This facility also provided space for our auditorium where more than seventy meetings are held each month.

The construction of our new Central Building enabled us to consolidate all of our business offices and record rooms; provided us with a recovery room, central supply, new and modern surgeries, a new and modern department of radiology, a new central kitchen and a modern patient floor equipped with a nurse-to-patient communicating system. These communicating systems have since been extended throughout most of the hospital. The Central Building contains an excellent dietary storeroom where for the first time we have gained close control of dietary supplies, and it also provides us with an attractive cafeteria for our personnel. Since the building was dedicated, we have added a cardiopulmonary laboratory, an isotope therapy department and an electro-encephalograph.

Our Woman's Auxiliary (the Friends of the Deaconess) has a coffee shop, flower and gift shop, and recently opened a new thrift shop in the Deaconess Building.

Space for expansion is always a major problem. Whenever a new facility is needed, finding space for it is like working a jigsaw puzzle. We have been able to shift departments and provide areas in the Deaconess Building for a special care unit, an enlarged pharmacy laboratory, and new and improved quarters for taking electrocardiograms and basal metabolisms. In this same building we now have an excellent medical library, a printing room, improved residents' quarters and a central storeroom. We have constructed an incinerator. We have abandoned our old boiler room and tied into the Harvard Medical School Power Plant. This project cost us approximately $115,000 but saved a capital expenditure of at least $350,000.

Through the generosity of the Diabetes Foundation, we have the Hospital Teaching Unit with its reduced-rate facilities for ambulant patients. We have purchased Channing Home (renamed Norwich House). This is used for ambulant psychiatric patients, again at a reduced rate to the patient. These two facilities have saved patients many thousands of dollars of hospital expense.

Through the generosity of Mr. Arthur T. Dooley, we were able to construct a beautiful meditation chapel which has been used by thousands of patients, their families and friends. We have constructed a new and efficient maintenance shop and a new laundry. Our laundry is an excellent example of what can be accomplished by spending money for capital improvements. In our laundry we have approximately $90,000 invested in new equipment. This was a large sum to request for this purpose when we had so many other urgent needs. However, this investment is saving us $22,000 a year in salaries. The equipment should last approximately fifteen years, but will be amortized in just four years. A net saving of over one-quarter of a million dollars in the next fifteen years is an economy that no efficient business would overlook.

During the past ten years, we have purchased the Autumn Street apartments and the properties at numbers One and Nine Autumn Street to house personnel. Our laboratories have been relocated and modernized. We have a new and expanded residency program, a pension plan for our employees and a new IBM installation.

Much careful thought and many long hours have gone into the planning of each new facility. If space permitted, I could list dozens of other items and changes we have made during this ten-year period, which have improved our efficiency, held down our costs, and enabled us to give better patient care. With the exception of the Central Building, all of these projects have been completed without having to appeal to the Corporation or public for funds. Large sums of money have been obtained, and wisely spent. Yet, our job has just begun.

Because of the giant steps the medical profession has taken, the need for new departments and new facilities increases with each passing day. The primary function of the hospital is patient care. We can provide this best by keeping pace with the medical profession and giving our medical staff the most modern facilities and equipment with which to work.

What of the future? Because of the increasing complexities of our modern hospitals, fitting new facilities into existing plant and property limitations is one of our most difficult problems. Finding space for the expansion of our laboratories has one of the highest priorities. The work load in these departments has increased over 100 per cent in the past ten years. Although we have purchased much modern equipment, our laboratories are now operating at a maximum capacity, and there is every indication that future demands for new laboratory procedures will increase. I do not believe this increase could have been anticipated in 1951.

We are now planning a medical office building and urgently needed parking facility. We were fortunate in being able to obtain land for this purpose, but must solve the problem of financing these facilities in the next few months.

The Radiation Center presented a more difficult problem. Land was not available, but we were successful in getting legislation passed which gave us rights to the property beneath Joslin Park. This three-story facility will be built underground. A $25,000 gift from the Ripple Foundation carries the stipulation that this project must be started by October 1, 1962.

There has been discussion of a Clinical Research Center which would be a desirable addition to our facilities. Fitting this into our available property will prove more difficult.

The Deaconess Building is no longer adequate as a patient facility. We should, during the coming year, begin making plans to complete additional floors on our Central Building.

These are but a few of our tangible problems. Some of the intangible problems will be just as difficult to solve. From the comments we occasionally hear, it appears that critics of hospitals would be surprised to learn that one of the greatest concerns of hospital trustees and administrators is the cost of hospitalization. The fact that trustee lists always include a large number of outstanding businessmen and women — individuals who are interested in serving their fellow men — seems to be overlooked.

Trustees of hospitals with schools of nursing have long been studying the cost of nursing education. Approximately one-sixth of our hospitals, in conjunction with colleges and universities, are training nurses for all of the voluntary hospitals, for governmental hospitals, industry, public health positions, doctors' offices and clinics. That the cost of training nurses should be shared by all who need them seems logical, yet little progress has been made in this direction.

According to old records, the medical profession was doing major surgery before the time of Christ. Nursing, however, is a relatively new profession. Florence Nightingale played a major role in the development of nursing as a profession, and she died but three years before I was born! We must again re-evaluate the duties assigned to all professional personnel and see how many of the duties they perform can be delegated to lay personnel. We must consider the possibility of a regional school for the classroom training of nurses, with the practical experience being gained in our hospitals.

What about the cost of medical education or, to be more specific, the training of medical residents? Only 21 per cent of the hospitals in the United States are approved for resident or intern training programs. More than 50 per cent of the hospitals in the United States do not have a doctor on the premises at all times. The need for twenty-four-hour coverage (which we have) is obvious. Our residency program is growing each year, and there is no question but what our patients benefit.

As medicine becomes increasingly more complex, the medical staff must have more assistance which nursing, already overtaxed, will not be able to supply. We must decide the question of whether this residency expense must be charged to the patient or whether the cost might be shared by the government, donations from outside sources, or possibly the medical profession.

The stature of a hospital is gauged by its medical staff. We have had internationally known men on our staff in the past, and we have many at the present time. But what about the future? Our medical staff must ensure that the young doctors they recommend for staff appointment are potentially the leaders of the future — doctors who will contribute to the advancement of medicine and who will be good teachers.

Although we have a large teaching program, the Deaconess has no formal contract with any medical school. Because of the changes taking place, careful consideration must be given to the question of our becoming affiliated with one of the medical schools.

The New England Deaconess Hospital is now at the crossroads. We are confronted with the need to make many major decisions — decisions that cannot be delayed if our

hospital is going to progress. Few of these decisions can be made by one or two persons. We must have these problems considered by Trustees and Corporation members, by our medical staff, and by key personnel within the hospital. We have a wealth of talent in these three groups, and I am confident that the final decisions will be to the best interests of our patients and to the future of our hospital.

The Department Heads of our hospital, our Associate Director, Mr. Wesley Sprague, and I wish to express our deep appreciation . . .

To our President, Mr. Francis W. Capper, our Treasurer, Mr. Henry S. Rogerson, and to all of our Executive Committee and our Trustees. Their wise counseling and assistance have done so much in furthering our progress and making our hospital a pleasant place to work,

To all divisions of our medical staff for their excellent co-operation and for working together in the best interests of our hospital, and

To our Auxiliary, the Friends of the Deaconess, for the thousands of hours they have given to their various enterprises, which have resulted in generous contributions and immeasurable benefits to our hospital's public relations.

R. D. Lowry
Executive Director

ANNUAL REPORT of the MEDICAL STAFF

WHILE the medical staff has been keeping abreast of scientific progress in all fields of medicine, the leadership of physicians and surgeons of the New England Deaconess Hospital in certain areas has received national and international recognition. All four divisions of the medical staff — the general medical, general surgical, Joslin Clinic and Lahey Clinic — have shared in maintaining the high standards of patient care in this hospital.

A gradual shift in the ratio of patients admitted to medical and surgical services has been noted. This has been largely due to the increasing effectiveness of new forms of medical treatment for conditions that were considered hopeless a decade ago. Advances in therapy have been made through the use of antibiotic agents, radiation, radioactive isotopes, blood fractions, hormones and chemotherapy.

Of special interest are new methods of treatment now being developed in cases with far-advanced, incurable forms of cancer using anticancer chemicals. In some cases the co-operation of physician and surgeon makes it possible to apply the chemical in a local region by introduction of the material in the arterial circulation of the affected part. It has been encouraging to note relief of pain, partial or complete disappearance of tumor for prolonged periods and prolongation of life.

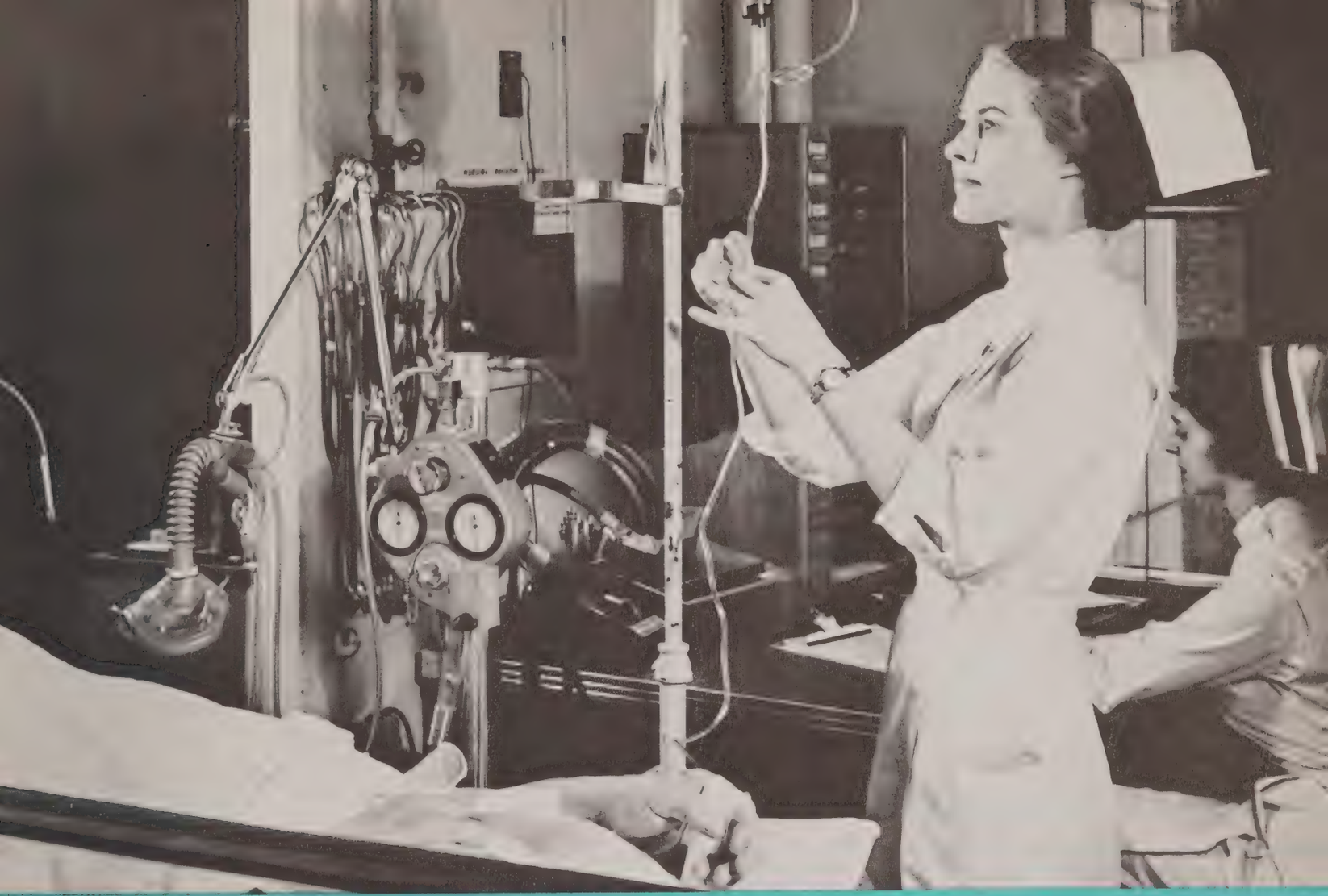
The hospital has the equipment and the staff includes the skilled personnel to operate the cardiopulmonary laboratory and the artificial kidney. Problems relating to the heart, lungs and kidneys can thus be given special attention that may be required in dealing with the diagnosis and treatment of these vital organs.

The number of diabetic patients admitted last year was the largest in the history of the hospital. This has resulted from the increasing recognition of diabetes as a major health problem, together with the success of modern treatment in prolonging the lives of diabetic patients. More and more these patients present the difficult and severe problems of diabetes, long in duration and complicated not only by a variety of surgical conditions but by many special metabolic, neurologic and chemical problems. Special long-term studies of the renal complications of diabetes are in progress. New surgical techniques relating to the pituitary gland have been introduced in an indirect attempt to improve vision in patients who have been threatened with blindness from diabetic retinopathy.

The instruction of diabetic patients includes a series of daily lectures by physicians and the teaching nurses. This group of nurses, whose entire time is devoted to classroom and bedside teaching of diabetic patients and their families, makes possible a shortened hospital stay for those patients without surgical complications and goes far in preventing unnecessary errors in trying out planned treatment.

The Hospital Teaching Unit with beds for 40 ambulant diabetic patients continues to provide for rapid application of intensive dietary treatment, adjustment of insulin and trial of the new oral remedies. Such patients can walk to the cafeteria where physicians at noon give instruction at a teaching table for new patients and to various classes for group instruction. Patients also learn from each other.

Since its dedication in 1934 the Research Laboratory floor of the George F. Baker Building has housed research programs in diabetes. At present the Baker Clinic Research Laboratory needs additional space for the expansion of its research and teaching activi-



ties. The Director of the Laboratory, Dr. Albert F. Renold, and eight other physicians, his research associates with their technical assistants, have a many-sided program including, in addition to research, teaching in Harvard Medical School and participation in postgraduate programs. Although part of the hospital, the Baker Clinic Research Laboratory is financed separately. Grants from the National Institutes of Health for Special Studies, from the Adler Foundation to the Harvard Medical School, and other sources comprise a budget of $200,000. Among the subjects under investigation are the factors controlling the storage, excretion and release of insulin from the pancreas, the hormonal control to tissue metabolism and the metabolic basis for the complications of diabetes in the eyes and the kidneys.

The Outpatient Department of the hospital, in accordance with previous policy, has not attempted to operate a general medical clinic or an accident room for the care of acute illness and injury since facilities of this type, adequate to serve the needs of the surrounding community, exist in nearby hospitals. The Outpatient Clinic has attempted, however, to offer specialized services which are either uniquely available at the Deaconess Hospital or are necessary to provide adequate follow-up care for the kind of patients treated here. Many physicians of the general medical and surgical services have contributed generously of their time in the continuation of this necessary adjunct.

The Cardiopulmonary Laboratory has offered its services to all divisions of the hospital and has established its position firmly as both a service facility in the diagnosis and treatment of cardiovascular diseases and as a nidus of teaching and research.

In conjunction with the Protein Foundation of Cambridge, Massachusetts, and the U. S. Naval Hospital in Chelsea, Massachusetts, research study on the long-term preservation of blood has for the first time been brought to fruition. The Deaconess Hospital, as the first in the world to have such blood available to it for specialized use, has been able to provide the necessary support for such new procedures as total exchange transfusions in auto-immune disease, prolonged pump-oxygenator bypass in cardiac surgery and autologous transfusions of blood and marrow following chemotherapy.

Analysis of the surgical work carried on in the hospital shows an increasing number of surgical procedures of unusual length, such as replacement of diseased arteries and operations on patients with serious heart lesions. With such operations has come the more frequent use of heart-monitoring devices for minute-to-minute check on the patient's condition.

Our vigilant Infection Committee continues to review all cases of infections admitted to the hospital and studies infections that have occurred after operation or during hospitalization so that proper safeguards may be taken. The low incidence of infections in this hospital has been commendable.

The report of the laboratories indicated that the amount of work done in fiscal 1961 increased more than 10 per cent over that of 1960. Although the general purposes of the laboratories do not essentially change from year to year, the techniques and mechanisms by which they function are constantly changing and always expanding.

Most of the more routine procedures are done in greater numbers; the blood sugar determination, so important in the diagnosis and guidance of treatment of diabetes, was performed 71,000 times in 1961. In addition to adapting to the problem of performing any one test in such vast numbers, the laboratory personnel must try new procedures to expand the already extensive armamentarium. Examples of new services are the expanded service on blood coagulation and the techniques by which serum and urine osmolarity can be determined. The search for new methods also includes study of simpler and less expensive ways of performing old procedures. No new procedure is

made available for general use until it has been fully investigated and ranges of significance established. Such careful control consumes time and adds expense but in the long run it is economical to assure accuracy. An inaccurate test is worse than no test at all. The modern clinical pathologist must be a part-time electronics expert to be able to use and maintain properly the new machines which can accelerate accurate clinical laboratory work.

The Pathology Laboratory has added a cryostat for use mainly in the application of chemistry to microscopic sections of tissues; this is an apparatus to maintain an extremely low temperature. In contrast to the use of such a new instrument is the autopsy, long a basic procedure important in the understanding of disease and in understanding the effects of treatment. Each autopsy is a major procedure, requiring many hours of co-operative work, and our autopsy percentage increases each year.

The changing character of medicine is well exemplified by the Cytology Laboratory in which the microscopic identification of individual cells aids in the early diagnosis of cancer; 10,000 specimens were examined in the past year using a technique not even known 20 years ago. In 1941 we felt secure in our ignorance regarding blood transfusions. Then only four different blood groups were known; now we check our multiple transfusion cases for 23 different blood group factors.

Personnel capable of performing accurately the wide variety of examinations in large numbers must be well trained, indeed. Partly in answer to our own problems in obtaining such persons and partly as a community service, a school of medical technology has been established in co-operation with Northeastern University. The resident training program continues to be a vital part of laboratory service, with 12 residents in pathologic anatomy and clinical pathology.

In addition to education and the provision of services helpful to clinical medicine, research is the third large function of the laboratory. The Cancer Research Institute celebrated its tenth anniversary in 1961. An open house was attended by approximately 600 persons who had an opportunity to gain a bird's-eye view of the varied projects currently under investigation, and Dr. Detlev W. Bronk, President of the National Academy of Sciences, gave an address which concluded the anniversary observation.

The major interest in radiobiological research has provided considerable material used by the United Nations Scientific Committee on the Effects of Atomic Radiation.

The U. S. Public Health Service has provided funds for a training program for radiobiologists.

The endowment of a professorship in therapeutic radiology at Harvard Medical School has been completed and there has been obtained two-thirds of the sum needed for construction of the facilities which a professor and his staff will use at the Deaconess Hospital. These facilities will be underground beneath Joslin Park for radiation protection and will include extensive research facilities which have contributed to the improved care of cancer patients here and generally.

Dr. Shields Warren was visiting professor at the Indian atomic energy establishment and then in Japan was consultant for the Atomic Bomb Casualty Commission. He participated in the continuing studies of Hiroshima and Nagasaki. Dr. Eugene Knox has left on leave for a year as chairman of the Department of Biochemistry at American University in Beirut, Lebanon. Dr. Hicks, at the request of the U. S. Public Health Service, organized and conducted a symposium on research in neuropathology for 100 highly selected postgraduate students from all over the country. Important additions to the staff are Dr. Glenna J. Corley and Dr. Robert A. Brooks. We regret the departure of Dr. William Y. Goon and Dr. Ralph W. Snyder.

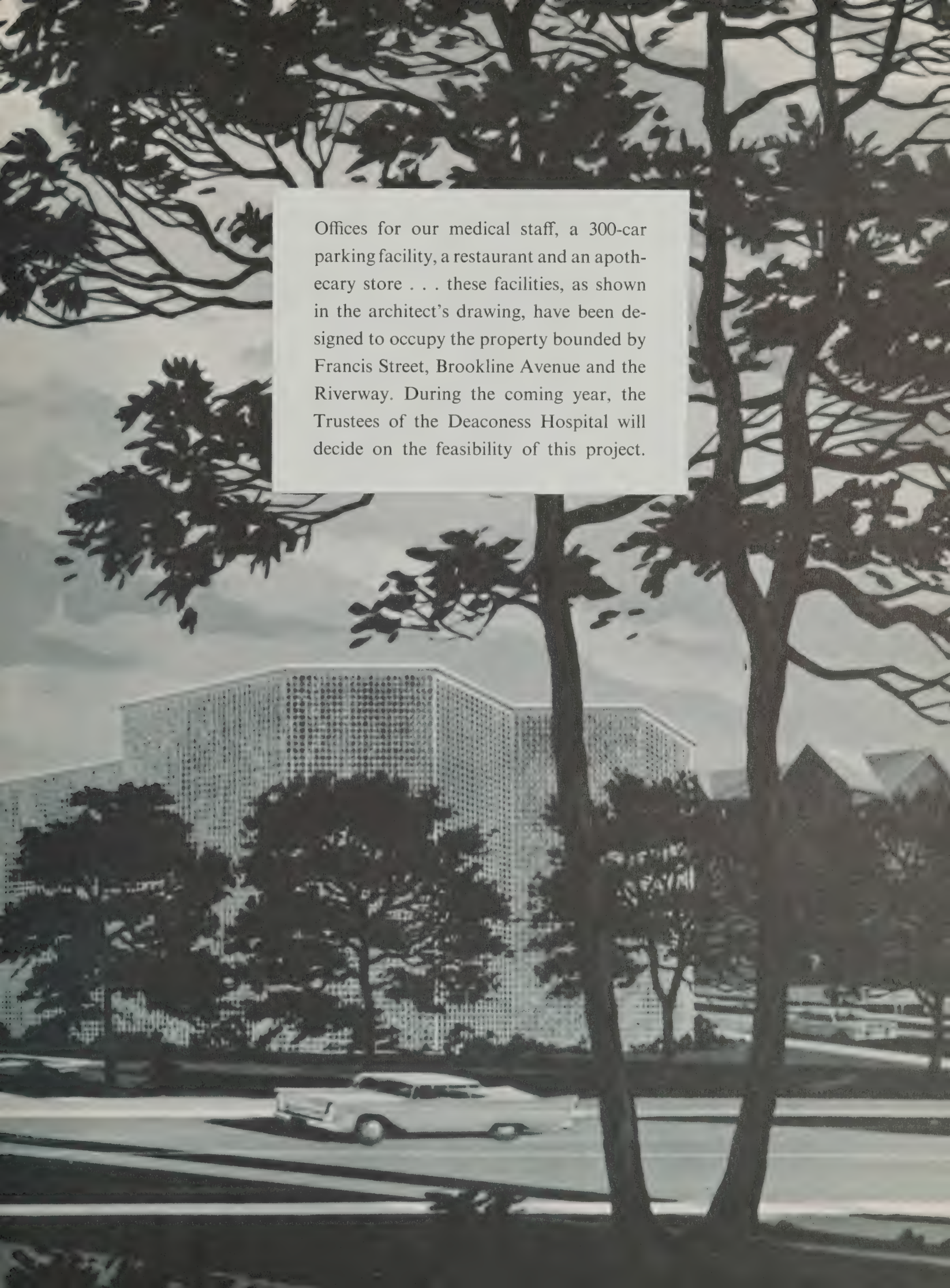
The Department of Radiology added to its equipment in the summer of 1960 a combination fluoroscopic and radiographic unit. Its chief feature is an image amplifier which intensifies the image on the fluorescent screen approximately 1000 times and reduces the necessary radiation to the patient to about 25 per cent of the amount commonly used in the past. The attached motion picture camera provides a film showing a functioning organ such as the esophagus or stomach in motion. In investigation of the cardiovascular system, the movement of contrast substances injected into the heart or blood vessels can be dramatically recorded. It is possible to show the motion of the heart valves and to observe abnormal shunting of blood due to congenital defects within the heart or great vessels.

A new photoroentgen unit has been installed near the Admitting Office. This provides "survey" type of examination of the chest at low cost.

X-ray therapy, continuing as a major interest, has undergone changes in recent years. An increasing number of patients with cancer are now being treated concurrently with radiation plus one of the new chemotherapeutic agents or one of the hormones. In some cases all three agents may be used simultaneously.

The educational activities of the hospital have steadily increased in importance. The weekly grand rounds presented by the general medical staff have been well attended by the residents, the senior staff, and visitors and participants from other hospitals of the nearby medical school group. The medical residency training program has completed a highly successful year due in large part to the willing co-operation of members of the staff who have given freely of their time to teach at the bedside and to prepare didactic lectures. This has reflected favorably upon the hospital both in improved patient care and in better coverage of the emergency problems which inevitably arise in a hospital population in which many unusual and major illnesses are found. The Council on Medical Education and Hospitals of the American Medical Association has approved the application of the Deaconess Hospital for an expanded three-year program, which will go into effect July 1, 1962.

The surgical residents come to the Deaconess from the Harvard teaching service of the Boston City Hospital where they have already secured considerable surgical training under the direction of Dr. Melvin P. Osborne. Each surgical resident spends two periods at the Deaconess Hospital during his three years of training in preparation for certification by the American Board of Surgery.



Offices for our medical staff, a 300-car parking facility, a restaurant and an apothecary store . . . these facilities, as shown in the architect's drawing, have been designed to occupy the property bounded by Francis Street, Brookline Avenue and the Riverway. During the coming year, the Trustees of the Deaconess Hospital will decide on the feasibility of this project.

MOKING

REPORT OF THE FRIENDS

INCOME earned by the Friends of the Deaconess in 1960-61 was $32,114, an increase of more than $7,600 over the previous year. The Friends' gifts to the hospital and the School of Nursing totaled $23,901.

Among the major projects of the Friends was renovation of the Doctors' Lounge off the Central Lobby. Formerly an uninspiring room without much welcome, the "feminine touch" transformed it into a modern and cheerful area. The following is a portion of a letter to the Friends, indicative of the staff's appreciation:

> "You have converted a drab and dispirited room into a most attractive and inviting meeting place. We shall be reminded of the generosity of the Friends each time that we use the lounge, and each member of the staff joins me in thanking you for making these attractive quarters available.
>
> ALLEN BRAILEY, M.D.
> *Secretary for the Medical Division*
> *of the General Staff*"

Another project completed this year was the installation of an attractive and efficient Beauty Salon — fully equipped and staffed — on the top floor of the Baker Building. An increase of customers and profits during its few months of operation indicates the new salon will be another source of substantial income for the Friends.

Ambulatory patients can visit the salon and enjoy a complete change of pace from hospital routine. When a patient's condition does not permit this venture, she can still take advantage of the cosmetologists' services in her own room. Convinced that there is no therapy comparable to a new hair-do as a morale-builder, the Friends' cosmetologists appear at bedside with a fully equipped "Shop-on-Wheels."

The Coffee, Flower and Gift Shops continue their important and profitable functions. Coffee Shop receipts totaled $15,157. The Flower and Gift Shops netted $3,085 for the year and are now open six days a week for the convenience of hospital personnel and visitors.

The expanding Friends' Thrift Shop realized a gain of more than $1,500 over the previous year, with a profit of $6,500 for the 1960-61 season. The Thrift Shop moved to a new location on the second floor of the Deaconess Building and has a separate entrance on Pilgrim Road. New financial records are in sight, considering a profit of $1,614 in the first 19 selling days at the new site.

The Annual Night at the Pops held in the Spring was a sellout, netting the Friends of the Deaconess $1,468. Another financial success was the Christmas Bazaar, co-sponsored by the Friends and the School of Nursing. Profit for the annual sale in the Central Lobby was $1,587.

The Friends cordially welcome new members to their organization and look forward to a year as profitable and rewarding as the past one.

Marian S. Lane

MARIAN S. LANE
President

RADIATION RESEARCH BUILDING

The year 1962 will see ground broken for the Radiation Research Building — another "first" for the New England Deaconess Hospital.

This building, to be owned by the New England Deaconess Hospital and under the direction of the Harvard Medical School, will be unique in several ways. There is today no research facility of this type in the nation. The structure will be built underground, with restoration of the Joslin Memorial Park after construction is completed. The services of the building will be available to all hospitals and medical schools of the area.

The use of radiation in its various forms to treat cancer is based upon empirical knowledge and fundamental experimental and clinical research must be done to understand and improve this method of treatment. The United States Public Health Service has recognized the importance of this new approach to radiology and has made available $816,364. Feeling very strongly that research of this type is imperative, the Fannie E. Rippel Foundation of Newark, New Jersey made the initial donation of $250,000 toward the construction of this building which will cost a total of $1,800,000.

The housing under one roof of various types of radiation equipment, specialists in the fields of radiation, cancer, physics and biology to work toward a common goal should do much to make more effective the treatment of the cancer patient.

OFFICERS OF THE CORPORATION

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	Laurens MacLure Boston Safe Deposit & Trust Company 100 Franklin Street, Boston, Massachusetts
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Assistant Treasurer	Laurens MacLure Boston Safe Deposit & Trust Company 100 Franklin Street, Boston, Massachusetts
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Administrative Assistant	Hubert D. Sycamore
Administrative Assistant in Patient Relations	Katharine C. Cook
Office Manager	Bertina Terkelson
Chief Dietitian	Effie May Winger

THE TREASURER'S REPORT

PERHAPS the only time we think of the hospital as a growing institution is when more beds or new services are added. However, during this past fiscal year, we have had an opportunity to see how the hospital expands even though our bed complement remains unchanged.

During 1960-61, we provided more patient days of service than ever before in the history of the hospital. This increase in care added to our operating cost and income by over $300,000.

The expanding volume of patient care is also an ever-increasing drain on our available free cash which averages a drastically low amount for a corporation with gross billings of more than five and one-half million dollars annually. In addition to our heavy and always growing payroll, we have annual commitments totaling $251,000, not including our free work and reserve for doubtful accounts.

Despite these heavy demands, we ended the year with a small working capital, thanks to our capable management group.

The majority of our patients are members of a Blue Cross Plan. Tentative payment for the cost of services to these patients is made by Blue Cross at the time of hospitalization, but final settlement is made in the following fiscal year. During 1961, we received an unusually large settlement of $181,537.21 for services rendered in the fiscal year 1960.

Special funds designated for research and other purposes increased by $107,000 and now total $360,979. During the year we received $100,000 in donations, and additional endowments of $150,000 have been received from estates.

As of September 30, 1961, the market value of our endowment funds amounted to $3,475,000, as compared to $2,919,000 at the end of the previous year. Income from the endowment funds amounted to $155,000 for the year.

I am pleased to report that our financial position has improved gradually during the fiscal year and sincerely hope this trend will continue.

HENRY S. ROGERSON
Treasurer

NEW ENGLAND DEACONESS HOSPITAL

ASSETS

	1961	1960
GENERAL FUND		
Current assets:		
Cash	$ 276,198.37	$ 89,182.14
Securities	8,262.85	50,744.94
Accounts receivable less reserve for uncollectible accounts	576,683.43	511,347.86
Inventories of supplies	196,847.77	198,720.50
Prepaid expenses	12,364.95	13,067.20
Total current assets	1,070,357.37	863,062.64
Due from Amortization and Depreciation Fund	—	2,200.00
Due from plant funds	75,894.14	69,054.72
	1,146,251.51	934,317.36
TEMPORARY FUNDS		
Cash and securities — gifts, bequests, and reserves for special purposes	296,488.76	204,616.48
Amortization and Depreciation Fund:		
Cash and securities	42,813.51	42,661.97
	339,302.27	247,278.45
ENDOWMENT AND OTHER FUNDS PRESENTLY HELD AS ENDOWMENT		
Investments and cash awaiting investment	2,361,604.97	2,175,676.08
Due from building and equipment funds	212,860.24	141,543.80
	2,574,465.21	2,317,219.88
BUILDING AND EQUIPMENT FUNDS		
Land, buildings and equipment less depreciation	6,035,596.68	6,167,044.54
Cash and securities	20,067.54	20,876.90
	6,055,664.22	6,187,921.44
	$10,115,683.21	$9,686,737.13

NOTES: 1. Contingent liability on notes receivable discounted $27,356.50 in 1961.
2. The hospital is considering construction of a building for doctors' offices. Services of engineers rendered prior to September 30, 1961 for which invoices had not been received at September 30, 1961 amounted to approximately $12,000.00.

COMPARATIVE BALANCE SHEET

For the Years Ended September 30, 1961 and 1960

LIABILITIES

	1961	1960
GENERAL FUND		
Current liabilities:		
Accounts payable and accrued expenses including withheld taxes	$ 365,911.93	$ 400,925.74
Payments on mortgages due within one year	57,931.78	67,302.72
Total current liabilities	423,843.71	468,228.46
General fund	722,407.80	466,088.90
	1,146,251.51	934,317.36
TEMPORARY FUNDS		
Gifts, bequests, and reserves for special purposes	296,488.76	204,616.48
Amortization and Depreciation fund:		
Balance September 30	42,813.51	42,661.97
	339,302.27	247,278.45
ENDOWMENT AND OTHER FUNDS PRESENTLY HELD AS ENDOWMENT		
Funds	2,574,465.21	2,317,219.88
	2,574,465.21	2,317,219.88
BUILDING AND EQUIPMENT FUNDS		
Building and equipment funds	4,509,143.31	4,649,624.71
Mortgages payable except amount shown in current liabilities above	1,257,766.53	1,327,698.21
Due to General fund	75,894.14	69,054.72
Due to Endowment funds	212,860.24	141,543.80
	6,055,664.22	6,187,921.44
	$10,115,683.21	$9,686,737.13

COMPARATIVE INCOME STATEMENT

For the Years Ended September 30, 1961 and 1960

	1961	1960
Hospital net income	$5,641,660.03	$5,128,065.22
Operating expenses:		
Administration and general	734,465.24	673,182.29
Household and property	1,539,422.13	1,516,744.27
General professional care	1,484,126.98	1,385,073.11
Special professional care	1,529,859.20	1,497,815.88
Pensions and annuities	79,766.55	74,631.91
	5,367,640.10	5,147,447.46
Surplus from operations	274,019.93	(19,382.24)
Add other income:		
From endowment funds and funds held as endowment including $6,275.69 in 1961 and $4,834.77 in 1960 charged to interest expense as income on an advance from endowment funds to building and equipment funds for the acquisition of needed real estate	155,033.48	154,296.94
Trustees of the Consumptives' Home	5,000.00	4,834.99
Donations	100,267.97	51,223.15
Miscellaneous	9,972.66	12,495.28
	270,274.11	222,850.36
	544,294.04	203,468.12
Deduct:		
Interest including $6,275.69 in 1961 and $4,834.77 in 1960 charged to interest expense as income on an advance from endowment funds to building and equipment funds for the acquisition of needed real estate	61,465.27	62,008.55
Depreciation	339,413.45	400,878.72	326,992.64	389,001.19
Surplus or deficit credited to General fund	$ 143,415.32	($ 185,533.07)

The contract year with the Massachusetts Hospital Service, Inc. ends September 30. The final settlement for each year is made approximately one year later. Included in income for the year ended September 30, 1961 is $181,537.21 applicable to the year ended September 30, 1960 and included in income for the year ended September 30, 1960 is $20,708.42 applicable to the year ended September 30, 1959.

COMPARATIVE GENERAL FUND ACCOUNT

For the Years Ended September 30, 1961 and 1960

	1961	1960
Balance beginning of year	$466,088.90	$438,923.85
Add:		
Unrestricted legacies	14,299.13	116,116.26
Transfer from building and equipment funds — depreciation	339,413.45	326,992.64
Gain or Loss maturity of general fund securities	(155.54)	12.50
Surplus or deficit for year	143,415.32	(185,533.07)
	963,061.26	696,512.18
Deduct:		
Transferred to building and equipment funds for obsolescence, construction and mortgage reduction	226,554.33	230,423.28
Transferred for special purposes	14,099.13	—
	240,653.46	230,423.28
Balance end of year	$722,407.80	$466,088.90

STATEMENT BY ACCOUNTANT

Executive Committee
New England Deaconess Hospital
Boston, Massachusetts

I have examined the balance sheet of the New England Deaconess Hospital as at September 30, 1961, the income statement and the analysis of general fund for the year then ended. The examination was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as were considered necessary in the circumstances.

The contract year with the Massachusetts Hospital Service, Inc. ends September 30. The final adjustment for each fiscal year is made approximately one year later. The attached statements include the adjustment for the year ended September 30, 1960, but not for the year ended September 30, 1961.

In my opinion, subject to the foregoing explanation, the accompanying balance sheet, income statement and the analysis of general fund present fairly the financial position of the New England Deaconess Hospital at September 30, 1961, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

(Signed)

Boston, Massachusetts
November 20, 1961

WEBSTER MCCANN
Certified Public Accountant

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